BOSTON UNIVERSITY
SCHOOL OF SOCIAL WORK

A STUDY OF THE CASES REFERRED TO THE BROCKTON CHILD GUIDANCE CLINIC BY THE SCHOOLS OF BROCKTON AND THE SURROUNDING TOWNSHIPS IN 1945

A Thesis

Submitted by

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INTRODUCTION

The inadequacies of our societal structure have had origins in the schools of our nation as well as in the homes and in the communities. Educators are equally as concerned with the growth of a "healthier society . . . built by healthier human beings"[1] as are organized social agencies, sociologists, clergymen, internationalists, and so forth.

Purpose and Method of Study

In the year of 1950 the Brockton School Department initiated proceedings which resulted in the establishment of the Brockton Child Guidance Clinic under the auspices of the Division of Mental Hygiene of the Commonwealth of Massachusetts. Since the inception of this clinic in September of that year there has existed a very close relationship between the clinic and the public schools of Brockton and the surrounding townships, the greater percentage of intake cases being those referred directly from the teacher through the School Department administration to the clinic.

The purpose of this study is primarily to affirm the values lying in the establishment of the Brockton Child Guidance Clinic in the setting of the public schools through an examination of the nature of the relationship existing between the schools which avail themselves of the clinic service and the clinic, itself. The study may be thought to be of special benefit to the Brockton schools, as well as to the Brockton Child Guidance Clinic, as it will point out what schools utilize the clinic service more fully, in what way the services are rendered, for what problems the schools refer

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[1] Joshua L. Liebman, *Peace of Mind*, p. xiii.

CHAPTER I

INTRODUCTION

The inadequacies of our societal structure have had origins in the schools of our nation as well as in the homes and in the communities. Educators are equally as concerned with the growth of a "healthier society . . . built by healthier human beings!"[1] as are organized social agencies, sociologists, clergymen, internationalists, and so forth.

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[1] Joshua L. Liebman, Peace of Mind, p. xiii.

their children to the clinic, and the treatment offered to cases referred by the schools. It is hoped that the study may point the way to the expansion of the services which may be rendered to the schools by the Brockton clinic.

With these purposes in view, it will be essential to first consider the present organization and administration of both the guidance program in the schools, serving the needs of the individual child, and the set-up of the Child Guidance Clinic as each has evolved since their beginnings. A sample of the cases referred by the schools will be included in the study in order to give a clearer picture of the coordinative functions and respective roles of the school and of the clinic. The total number of cases referred during a specific year will be studied from the point of view of several over-all significant and revealing factors.

Scope of the Study

The cases chosen for this purpose include the 108 referrals made by the public schools of Brockton and from the surrounding areas during the year January 1, 1945 through December 31, 1945.

This year was selected as being a year which would be representative of the school referrals to the clinic, showing the present program existing, but at the same time capable of revealing the results of treatment on cases already completed. An over-all survey of the entire 108 cases will be made from the point of view of five factors: (1) schools making the referrals, (2) grade placements at the time of referrals, (3) age of the child at the time of referral, (4) the problem for which the child is referred, and (5) the results of the psychological examination.

A more intensive examination of twenty-five cases will be made to determine in greater detail the nature of the cases referred to the clinic,

the treatment service rendered, and the results of the treatment. These twenty-five cases were sampled according to the number of cases referred by grade placements rather than by schools or problems as it is felt a more representative picture of the school referrals may be obtained in this manner.

Sources of Material

The data relating to the case studies has been obtained from the case records of the Department of Mental Health, Division of Mental Hygiene of the Commonwealth of Massachusetts.

Historical and statistical material relating to the development of the child guidance clinic in Brockton has been secured from the annual reports of the Division of Mental Hygiene, the annual reports of the Brockton Child Guidance Clinic to the Division of Mental Hygiene, and the annual reports of the School Department of the City of Brockton, Massachusetts.

Material in regard to the organization and administration of the School Department, the functions of the Educational Consultant of the Brockton School Department, who acts as coordinator between the schools and the clinic, has been obtained through an interview with Miss Roberta Kellogg, Educational Consultant of the Brockton School Department.

Limitations of the Study

The writer had hoped originally to include in this study a survey of those problems which are referred to the clinic by the schools, but which, before reaching the clinic, are screened out by the Educational Consultant for one reason or another - or having reached the clinic social worker have not been given service, put on a waiting list, or referred to another source. This was impossible to do as there were no files kept on these referrals.

In order to determine more accurately the schools referring problems or not referring problems, the extent of knowledge of clinic service, the

attitudes of the district principals, principals, and teachers toward clinic service for school children, a survey of opinion was considered by the writer. However, because of the many time-consuming professional duties of those involved in such a survey, it was inadvisable.

The limitations resulting from semi-process recording are evident in the study.

CHAPTER II

DEVELOPMENT OF THE BROCKTON CHILD GUIDANCE CLINIC

The child guidance movement is essentially an outgrowth of modern psychiatry and mental hygiene, its earliest beginnings lying in the period from 1912 to 1922[1] when those medical men (Adolf Meyer, E. Stanley Hall and others) working in the psychiatric field became more and more aware that prevention in childhood was the answer to many of their questions. Frankwood E. Williams writes:

> "Tracing back the history of our cases as they came to the hospital for mental disease, in the process of gathering data that might help us in the prevention of mental disease we found, of course, that these illnesses rarely develop suddenly, but that they had been developing over a long period of time, and reached into childhood, where in many instances the unhealthy development was sufficiently marked to have attracted the attention of a trained person had one been about."[2]

The earliest development of the child guidance movement stemmed from three main lines: the early work of mental hospitals and schools for the feebleminded, the clinics for juvenile delinquents, and the fusion of the interests of the first two, resulting in the establishment of the Commonwealth Fund's program of demonstration child guidance clinics,[3] the first demonstration clinics being set up in 1922 in St. Louis and in Norfolk with the purpose of "showing juvenile courts and the child-caring agencies what psychiatry, psychology, and social work have to offer in connection with the treatment of the problem child; and by properly directed and effective

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[1] Edgar C. Yerbury and Nancy Newell, "The Development of the State Child-Guidance Clinics in Massachusetts," New England Journal of Medicine, August, 1945, p. 1.

[2] Helen Leland Witmer, Psychiatric Clinics for Children, p. 49.

[3] Ibid., p. 41.

methods of treatment . . . to help the individual delinquent to a more promising career . . ."[4]

The Commonwealth of Massachusetts was the first state to provide by legislation (in 1922) for a division of mental hygiene with the establishment of child guidance clinics financed by state funds as one of its major activities.[5] In 1919 the General Court of Massachusetts made obligatory the examination of all school children who were three years retarded and the formation of classes where ten or more such children were found, the examining service provided by the W. E. Fernald State School for the Feebleminded and other traveling clinics.[6] A series of developments in which the schools more and more accepted the services of these travelling clinics, in which mental hygiene clinics became established in Northampton, Gardner, Monson, Danvers, Taunton, Worcester, and at the Boston Psychopathic Hospital culminated in 1922 in the establishment of a series of demonstration clinics planned by the National Committee of Mental Hygiene financed by the Commonwealth Fund on a five year plan.[7]

In 1921, preceeding these demonstration clinics, Dr. Douglas A. Thom became converted to the idea of the establishment of "habit clinics" serving for the most part young children. In 1922 in collaboration with Dr. George Kline and other leading psychiatrists, Dr. Thom initiated legislation resulting in the formation of the Division of Mental Hygiene under the Department of Mental Health, state funds being appropriated for research and for child clinics.[8]

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[4] Ibid., pp. 51-52.
[5] Yerbury and Newell, op.cit., p. 1.
[6] Ibid., p. 2.
[7] Ibid., p. 2.
[8] Ibid., p. 4.

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[6] Ibid., p. 2.
[7] Ibid., p. 2.
[8] Ibid., p. 9.

taken jointly by the Division of Mental Hygiene and the Massachusetts Society for Mental Hygiene. By 1936 there had been eighteen clinics in existence at one time or another, nine having been discontinued - some because the local response was not adequate (this situation occuring chiefly in districts in Boston in which a large proportion of the population were foreign-born), and two, because the work was assumed by state hospitals. In 1936 there were ten clinics in operation.[9] During this period various trends were in evidence: many of the clinics had become a part of community life, were influential in the education of teachers through school conferences and in education of parents through mothers' clubs, Parent Teacher's Associations, etc. The emphasis was on the intellectually normal child. Special services, speech therapy, occupational therapy, and remedial reading came into being.[10]

In recent years there has been considerable change in the proportion of cases coming from the various referral sources. Comparing 1930 with 1936 we find that more children were being referred in the latter year by schools and health agencies and fewer by private physicians, relatives, or friends. School referrals made up eighteen per cent of the cases in 1930 and thirty-one per cent in 1936; health agencies, twenty-seven per cent in the former year and thirty-five per cent in 1936; while private referrals constituted forty-three percent of the 1930 cases and twenty per cent of those in 1936.[11]

The chief innovation of the Division during the second ten year period of its existence was the establishment of the Brockton Child Guidance Clinic.

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[9] Witmer, op. cit., p. 208.
[10] Yerbury and Newell, op. cit., p. 10.
[11] Witmer, op. cit., p. 211.

In correspondence to the Division in March of 1938 it was stated that the Rothschild Clinic from the Foxboro State Hospital with headquarters in the Brockton Hospital had "little interest or much to offer to our (Brockton) juvenile problem." "Wrentham (referring to the traveling clinic) provides small relief."[12]

In September of 1938 the Division of Mental Hygiene was able to provide a staff to give service for one session weekly to a new clinic set up in Brockton. By October of 1938 additional funds contributed by the Brockton School Department made possible the services of the psychiatrist and the psychologist for two weekly clinics and the full-time service of a psychiatric social worker. The clinic was first known as the Brockton Habit Clinic. By the end of its first year of existence the personnel of the clinic had expanded to include two students from the Boston University School of Education who assisted in the problem of reading disabilities, a student from the Boston School of Occupational Therapy who held two occupational therapy groups on Tuesday afternoon, supervised by the school and clinic staff, and the full-time service of a speech therapist employed by the School Department. There were, also, students from the Boston University School of Social Work. All in all this enlarged personnel enabled the clinic to broaden its service quickly.[13]

As in the years to follow, the largest source of referrals in 1938 was from the schools, 109 or seventy-six per cent of the new cases being school referrals. During the year there were sixty-two clinic sessions held and 1,040 visits made by children to the clinic.

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[12] William Fanning, Correspondence of March, 1938 to Dr. Douglas Thom.

[13] Commonwealth of Massachusetts, Department of Mental Health, Division of Mental Hygiene, Annual Report of the Brockton Child Guidance Clinic, December, 1938 - December, 1939.

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At first, the clinic gave service to children up to twelve years of age; however, by January, 1939 a change of policy in all clinics extended the age through the fourteenth year.[14]

In reviewing the work of the school year it was felt by the School Department that the outstanding achievement of the year of 1938 - 1939 was the acquisition of the service of the clinic. "Serious types of behavior and personality problems of average and bright children from the ages of two to thirteen (later extended) are dealt with by these people. This clinic not only offers us a diagnostic service, but actually carries out a remedial program with most of the cases recommended."[15] Therein was the purpose of the child guidance clinic functioning within the school system. The policy of the clinic was to give intensive treatment consistent with the highest therapeutic standards to a limited number of children needing prolonged study and treatment.[16]

One of the outstanding achievements in this first year was the beginning of a positive, cooperative, working relationship with the schools. There were held weekly conferences with the Educational Consultant, who acted as coordinator between the school system and the clinic services, in which the problems and treatment of the patients referred by the schools were discussed. These weekly conferences served a two-fold purpose: (1) providing an important educational facility for the clinic staff in understanding the resources of the community, and vice versa; (2) and a better

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[14] Ibid.

[15] Annual Report of the School Department of the City of Brockton, Massachusetts, 1938, p. 52.

[16] Annual Report of the Brockton Child Guidance Clinic, September, 1938 - November, 1939.

coordinated therapy for the patient.[17]

Monthly case conferences were held with the School Department, attended by the Superintendent, the Educational Consultant, the Primary Supervisor, district and building principals, and the teacher of the child whose case was presented. These monthly case conferences were felt to be of great value in increasing the understanding and knowledge of the school system by the clinic staff as well as giving the schools and teachers knowledge and understanding of the clinic function, principles of therapy, and an outline of the program the psychiatrist would like the teacher of the child to carry out. The psychiatrist was glad to consult, when desired, the individual principals or teachers of a clinic patient during the clinic time. The services of the psychiatric social worker made possible an increasing cooperation between the school and the clinic toward the goals of the adjustment of the child.[18]

The particular needs at the end of the first year of operation of the Brockton Child Guidance Clinic (as it later became known) were (1) more psychiatric service to enable the holding of longer interviews in order that the quality of service might be maintained, and (2) the acquisition of more office space. During the first year the members of the clinic staff occupied the offices of the school administration staff.[19]

During the next two years of development we find a marked increase in the services rendered, the number of new cases accepted slightly higher than in the previous year. Sixty-five per cent of the cases during the

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[17] *Ibid.*
[18] *Ibid.*
[19] *Ibid.*

year of 1940 were referred by the school personnel which was indicative of the close relationship existing between the schools and the clinic.[20] There was an increasing number of parents who made direct contacts with the clinic, a trend which was thought to be most wholesome.[21] The achievement of most significance during this period was the cooperation of the clinic and the School Department in the study of a group of children of superior intellectual endowment, resulting in the organization of a Special Class for Gifted Children.[22]

Steadily increasing waiting lists existing in the years, 1940 and 1941, pointed out the necessity of providing additional services to the children who would profit from early treatment.[23]

The year, 1942, showed a marked decrease in the total number of cases referred by all sources as well as in school referrals which comprised only forty per cent of the total intake during this year. This was the first year of the United States' participation in World War II; many transportation difficulties affected the clinic service and later in the year the two weekly afternoon sessions were combined to make a whole day of service. Service, therefore, tended to become localized. The age group served during this year tended to be the older adolescent group which was already finding economic independence through war jobs, *etc*.[24]

Again in 1943 one of the chief concerns of the clinic staff was the problems created by the pressures of war on the adolescent group. There

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[20] *Annual Report of the School Department of the City of Brockton, Massachusetts*, 1940, p. 15.

[21] *Annual Report of the School Department of the City of Brockton, Massachusetts*, 1941, p. 10.

[22] *ANNual Report of the School Department of the City of Brockton, Massachusetts*, 1940, p. 15.

[23] *Ibid*., p. 16.

[24] *Annual Report of the Brockton Child Guidance Clinic*, December, 1941 - *November, 1942*.

was equally a great concern in the problem of the pre-school group, ranging from one to six years. In 1943 there was an up-swing in the number of new cases referred, the schools almost achieving their previous status, referring fifty-eight per cent of the new cases. A total of 144 new cases were referred to the clinic, total number of cases carried being 263. A waiting list of seventy-five patients indicated many requests for service not being met.[25]

War again brought new pressures during the year of 1944. The lack of parents' supervision as a result many times of both parent's working outside of the home, movies, stimulating the aggressive spirit normal in the developing child, the youth movement of emancipation from restraint and defiance of authority made even more demands on the services of the clinic, there being a total of 300 cases carried during this year. Increase in attendance as pointed out by the Director of the clinic was probably due to: (1) the growth in the population, (2) the war with its accompanying abnormal home conditions and greater environmental pressures imposed on children, and (3) the community's awareness of the importance of a mental hygiene program for children. As a result of these new demands two additional sessions weekly were arranged and a suite of six offices in Building B of the Brockton High School were attained.[26]

A crying need for expansion of child guidance services seems to play an ordinate theme throughout the history of the Brockton clinic. Of the 276 children studied during 1945, fifty-eight were found to have definite

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[25] Annual Report of the Brockton Child Guidance Clinic, December, 1942 - November, 1943.

[26] Annual Report of the Brockton Child Guidance Clinic, December, 1943 - November, 1944.

handicaps in the field of motor coordination. Occupational therapy service, formerly supplied by the student field-work program of the Boston School of Occupational Therapy, was discontinued because of the expansion of their training program into veterans' hospitals.

Over 150 Brockton children were referred to the clinic for speech difficulties. Much emphasis during this year was placed on the speech therapist's services, a running case load of thirty-seven children during the two days of clinic being carried. There was a need for expansion of this service.

Eighteen children, presenting for the most part habit problems, poor school adjustments and emotional insecurity, had fathers serving in the armed forces. This factor influenced both the problems and the treatment.[27] Forty of the children who attended clinic during this year had mothers who worked outside of the home.[28]

The clinic participated in seven private school placements during the year, and during the summer in cooperation with the Brockton Family Service Association, the Catholic Charities Center, the Young Men's Christian Association, and the Girl Scouts twenty-six camp placements were arranged for clinic patients who would profit from a summer's group experience.

This year of 1945 represented the peak in the number of children served in the community of Brockton by the Child Guidance Clinic, the total number of cases carried being 347. Of this number 178 were new cases, while 108 or sixty-one per cent of the total intake was received from the schools.[29]

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[27] <u>Annual Report of the School Department of the City of Brockton, Massachusetts</u>, 1945, p. 35.

[28] <u>Ibid.</u>, p. 35.

[29] <u>Annual Report of the Brockton Child Guidance Clinic</u>, January, 1945 - December, 1945.

The graphs on the following pages describe the total case load as compared with the total intake during the years since the incipiency of the clinic. With the exception of the years of 1942 and 1944 there seems to have been a steady gain in both the number of cases referred to the clinic and the number carried by the clinic staff for treatment. Graph II compares the total intake with the intake referred from the schools through the eight years existence of the clinic.

Both graphs portray the steady expansion of clinic service in terms of numbers served, and the utilization of the services by the Brockton School Department and the schools of the surrounding environs as well as by the community as a whole. If such expansion and growth may be considered a measure of worth, herein is shown the real value of the clinic to the schools as well as to the community.

The community of Brockton has a population of approximately 63,000, a majority of its inhabitants working at skilled and semi-skilled trades. For the child guidance movement to be so quickly and well accepted by these peoples and by the School Department serving the children of these peoples, may well indicate the even further growth in the future of child guidance in Brockton.

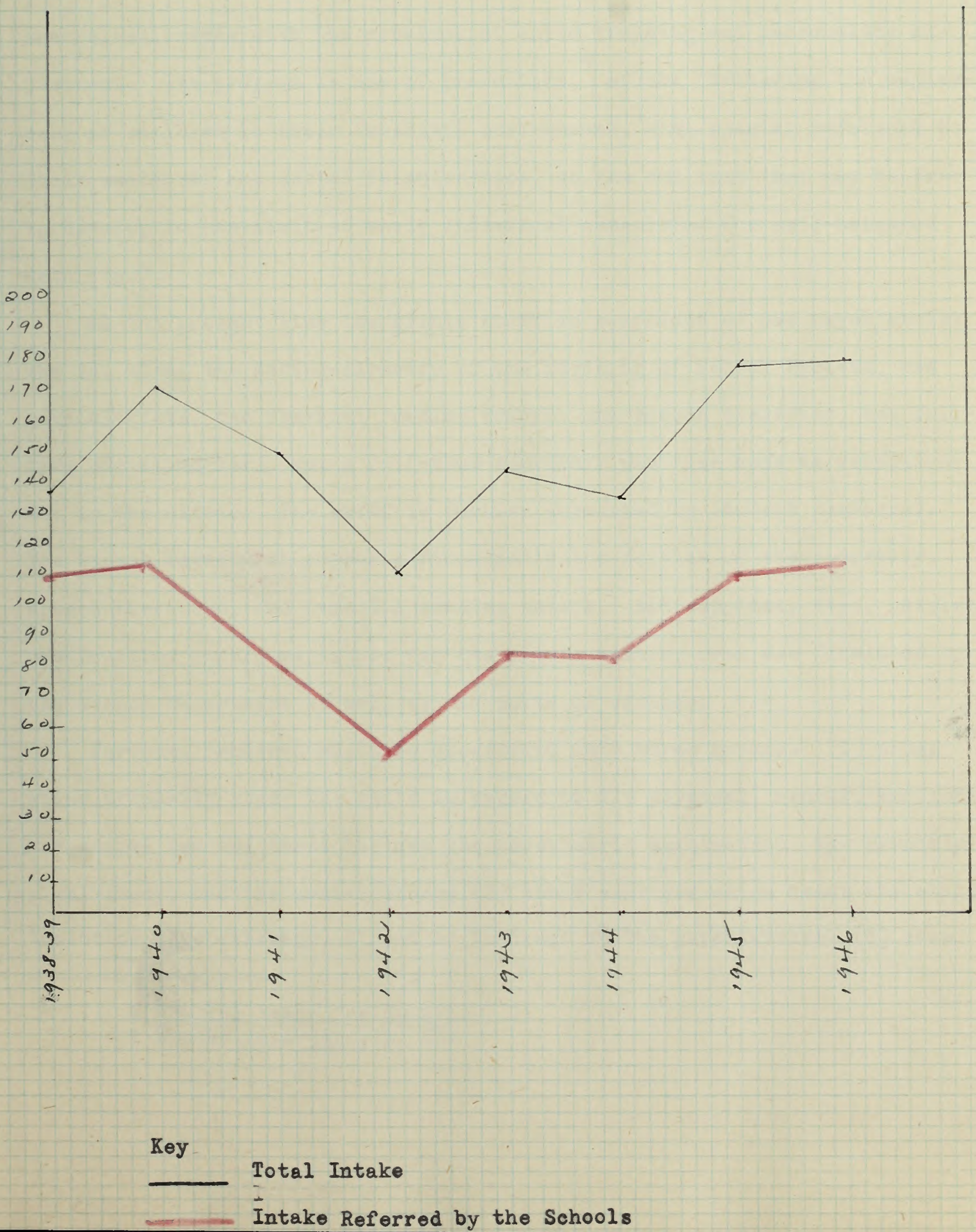
GRAPH I.

INTAKE AND TOTAL CASE LOAD AT THE BROCKTON CHILD GUIDANCE CLINIC, 1938-39 THROUGH 1946

Key

GRAPH II.

INTAKE REFERRED BY THE SCHOOLS AND TOTAL INTAKE AT THE BROCKTON CHILD GUIDANCE CLINIC, 1938-39 THROUGH 1946



CHAPTER III

THE SERVICES RENDERED BY THE BROCKTON CHILD GUIDANCE CLINIC

The Brockton Child Guidance Clinic offers to all parents and others interested in the welfare of children, two to fourteen years of age, without charge, assistance with the problems of child training and personality adjustment.[1] Its program is one of prevention, of the "bettering the adjustment of children to their immediate environment, with special reference to their emotional and social relationships, to the end that they may be free to develop to the limit of their individual capacities for well-balanced maturity."[2]

At the present time the clinic staff is comprised of one psychiatrist who is, also, the acting-director of the Division of Mental Hygiene, two psychologists, two remedial reading tutors, one speech therapist, two full-time social workers, and a full-time secretary who also acts as receptionist in the clinic. The staff is further augmented by student personnel. The School Department supports financially the service of the secretary, speech therapist, and remedial reading tutors. All supplies, toys, puzzles, construction paper, magazines for the clinic waiting room are furnished by the School Department as well as the suite of offices.

Services rendered might be classified into three groups: (1) those which primarily study the child in regard to his physical, mental, emotional, and social health; these include the psychiatric examination, the psychological study, and the social study; (2) those services which treat the child, including psychotherapy, direct or indirect by the psychiatrist; (3) case

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[1] Getting Ready for School.

[2] Witmer, op. cit., p. 55.

work services or social therapy, including case work services offered by the social worker, consisting of work for the greater part with the parents and the schools, speech therapy, and remedial reading therapy.

The third service offered by the clinic is that of consultation and of education. Mother's Clubs and similar groups often invite members of the staff and of the child guidance center to speak on child training and child development. Teachers or other social workers in Brockton social agencies often consult the psychiatrist or social worker on some specific problem. A member of the staff assists the school department in its annual program for parents of children who are to enter the first grade the next Fall.

Referrals may be made directly with the clinic by the parents, the school nurses or school personnel of surrounding towns by making an appointment with the social worker. However, since most referrals are those coming from the schools of Brockton, the channels through which these referrals travel differ somewhat from the direct referral from a parent. Each teacher who recognizes a child in her room who might benefit from clinic study and treatment fills out as fully as possible a form, "Recommended for Case Study", giving any pertinent information about the child's physical development, school progress, emotional problems, and family background. This blank is then sent to the Building Principal for signature and approval and further comment, then on to the District Principal who sends the referral to the office of the Educational Consultant.

When a case referral blank comes to the office of the Educational Consultant, it is carefully read to determine whether it is a case that can be handled within the school by diagnosis of educational needs and subsequent guidance or whether it can best be treated at the Brockton Child

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Guidance Clinic.[3]

If the Educational Consultant refers a case to the Brockton Child Guidance Clinic, the principal of the school will receive a message to that effect. The principal will contact the parents of the child and explain the child's difficulties as seen by the school. He will interpret the services of the Child Guidance Clinic and prepare the parents for an appointment at a later date. The social worker at the Child Guidance Clinic will notify the school of the appointment a week ahead of the time for which it is made. The school will see that the parents receive this appointment.[4]

The Educational Consultant, as pointed out previously, acts as the coordinator between the clinic and the schools, attending clinic staff meetings, being available for consultation with the psychiatrist and social workers at all times. Not only do the school referrals come through this office, but the Educational Consultant, also, helps in the making of school adjustments advised by the clinic. For example, she may advise on the curriculum for a certain clinic patient. To a certain extent the Educational Consultant does an interpretative job of clinic services. However, this responsibility lies chiefly with the District Principals.

The Educational Consultant, in addition to her work in relation to the clinic set-up, has many other functions within the school setting, itself, namely: (1) advisory responsibility to the district principals, (2) supervisory responsibility to all the special education program classes for

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[3] Directions to Teachers for Referring Pupils for Individual Case Study.

[4] Ibid.

gifted and retarded children, the sight-saving class, lip-reading education, home-teaching service, speech therapy within the schools, remedial reading within the schools, (3) advisory responsibility to all curriculum committees, (4) supervisory responsibility of all first grades in the Brockton public schools, (5) responsibility for the hiring of teachers, (6) editorship of the annual school report, and (7) direction of the entire school testing program. The testing program of the Brockton School Department is primarily diagnostic in purpose, although at the same time it is beneficial in the total evaluation of the school program. Through the testing program it is hoped that many of the special academic problems and poor school adjustments of individual children may be weeded out and subsequently, studied individually by the Educational Consultant who then decided on whether the child should be referred to the Child Guidance Clinic for help and whether some adjustment might be made within the school for the better adjustment of the child.

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CHAPTER IV

CHARACTERISTICS OF CASES REFERRED TO THE CLINIC BY THE BROCKTON SCHOOLS AND SURROUNDING AREAS - 1945

During the year January 1, 1945 through December 31, 1945 there were 108 school cases referred to the Brockton Child Guidance Clinic, eighty-four or 77.8 % of these cases being referred by the public schools of Brockton; one case, being referred by a parochial school in Brockton; and twenty-three cases of 21.3 %, having been referred through school personnel from fourteen surrounding townships. At this point, it must be stated before further consideration that six of these 108 cases were pre-school cases, two being referred by the Brockton School Department, and four from surrounding towns. As these are not school cases in the same sense the remaining 106 are, we have only mentioned them in a later comment.

For purposes of comparison, it may be stated that the school population of the Brockton Public Schools, Grades I through IX, to which the clinic offers service, during the year, 1945, was 6,341. Hence, only .013 students of a school population of 6,341 are referred to the clinic during the year of 1945.

The thirty-one schools of Brockton are divided geographically into four school districts: (1) North, (2) South, (3) East, and (4) West. Of these thirty-one schools only two are not apt to make use of the services of the clinic, the Brockton High School and the Brockton Vocational School, as the age of the constituencies of these schools is beyond the age limit of fifteen up to which age the clinic serves. The remaining twenty-nine schools represent fifteen elementary schools serving grades one through six, eight schools serving grades one through four, and six junior high schools serving grades seven through nine.

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For purposes of comparison, it may be stated that the school population of the Brockton Public Schools, Grades 1 through 12, to which the clinic offers service, during the year, 1945, was 6,541. Hence, only .013 students of a school population of 6,541 are referred to the clinic during the year of 1945.

The thirty-one schools of Brockton are divided geographically into four school districts: (1) North, (2) South, (3) East, and (4) West. Of these thirty-one schools only two are not apt to make use of the services of the clinic, the Brockton High School and the Brockton Vocational School, as the age of the constituents of these schools is beyond the age limit of fifteen up to which age the clinic serves. The remaining twenty-nine schools represent fifteen elementary schools serving grades one through six, eight schools serving grades one through four, and six junior high schools serving grades seven through nine.

Each district contains from seven schools in the North District and eight schools in the East District to six schools in the South District and nine schools in the West District, these Districts referring twelve, fifteen, twenty-seven, and twenty-eight cases respectively. This information is indicated in Table I, which follows.

TABLE I

SCHOOL DISTRICTS, SCHOOLS REPRESENTED, TYPES OF SCHOOLS, AND NUMBER OF SCHOOL REFERRALS

School Name	Type of School	No. of Referrals
	The North District	
Winthrop	(junior high (elementary	6
Howard	elementary	1
Perkins	elementary	3
Franklin	elementary	0
Ashland	elementary*	2
McKinley	elementary*	0
	Total	12
	The South District	
Huntington	(junior high (elementary	13
Gilmore	elementary*	1
Keith	elementary	6
Copeland	elementary*	5
James Edgar	elementary*	2
	Total	27
	The East District	
Paine	junior high	1
Goddard	(junior high (elementary	1
Sprague	elementary	6
Kingman	elementary	1
Shaw	elementary	5
Sylvester	elementary*	1
	Total	15

The West District

School Name	Type of School	No. of Referrals
Russell	junior high	1
Whitman	(junior high (elementary	10
Lincoln	elementary	1
Ellis Brett	elementary	6
Belmont	elementary*	3
Forest Avenue	elementary*	7
Hancock	elementary	0
Marshall	elementary*	0
	Total	28

Parochial Schools

The Sacred Heart School		1
	Grand Total	83

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* Schools serving only Grades I through IV.

It is interesting to note that one school, the Huntington School referred as many as thirteen cases to the clinic during the year of 1945, and the Whitman School, as many as ten, these schools being located in the South and West Districts, respectively, while the Howard School in the North District, the Paine, Goddard, Kingman, and Sylvester Schools in the East District, the Gilmore School in the South District and the Russell and Lincoln Schools in the West District referred only one case each to the clinic during this year. The Franklin and McKinley Schools in the North District and the Hancock and Marshall Schools in the West District referred no cases to the clinic. It must be pointed out here that the total school population of each of these schools is a significant factor in the quantity of referrals coming from any one school as well as the number of grades served by the school.

The Huntington School is one of the largest schools in Brockton, serving a mixed, American "melting-pot" population. The problems referred

from this school represent many of the problems referred to the clinic in general. The Whitman School, on the other hand, serves a population somewhat more selective as it is located in a different residential section of the city. Of the ten cases referred by the Whitman School, eight of these were referred for special study for eligibility as a candidate for the Special Class for Gifted Children.

Two of those schools referring no cases, the McKinley and the Marshall Schools, are relatively small schools serving only grades one through four. However, this is not true of the Franklin and the Hancock Schools, containing grades one through six. There is some evidence from the tables and from other information gathered in the course of this study indicating that more school referrals were not received from these schools due to an unawareness by the teachers in these schools of the clinic service, and therefore, even though problems did exist which might be treated through the clinic service, were not recognized or directed to the attention of the District Principal to be referred to the Educational Consultant on to the clinic.

Many schools refer cases to the clinic for speech therapy as it is not offered in their school and is available only at the clinic. The Forest Avenue School, ranking third numerically in schools making referrals, referred seven cases to the clinic, four of which were speech cases. No speech service is offered at this school as well as in the McKinley, Paine Junior High, Goddard, Kingman, Shaw, Sylvester, Gilmore, James Edgar, Russell, and Belmont Schools.

The one case referred from a parochial school in Brockton was from the Sacred Heart Academy, the problem consisting of poor school adjustment and untidiness. For the most part the initial suggestion for referral to the

clinic seems to be made to the parochial school by a public health nurse visiting the school. Parochial school referrals travel the usual channels of other public school referrals. There seems to be an increase in the number of cases referred by the parochial schools during the past year of 1946, eight cases having been referred during this period.

Out-of-town School Referrals

In most instances it is found that the out-of-town school referrals are made by a member of the school personnel, either the superintendent or principal of the school or more frequently by the school nurse serving the school.

During the year of 1945 fourteen townships located in the near-by vicinity of Brockton referred twenty-three cases (considered school referrals) to the Brockton Child Guidance Clinic. These twenty-three cases represented seventeen schools and a variety of problems. The township of Randolph (including North Randolph) referred the greatest number of out-of-town referrals, their total number referred being five cases, representing four schools.

Nine of these townships referred only one case; three referred two cases, and one, three cases. Again, the cases referred prove to be covering a variety of problems generally encountered in the child guidance field.

The following table portrays the townships and schools within those towns making use of the clinic service during the year of 1945.

TABLE II

OUT-TOWN-TOWN SCHOOL REFERRALS, SHOWING TOWNS, SCHOOLS, AND NUMBER OF CASES REFERRED

Townships	Schools	Numbers Referred
East Bridgewater	Allen	1
West Bridgewater	Centre	
	Sunset Avenue	
	Pre-school	3
Cochesett	Cochesett	1
Duxbury	Trakiln	1
Hanson	Pre-school	1
Kingston	Kingston High	
	Pre-school	2
Middleboro	School Street	1
Plymouth	Cornish	2
Randolph	Prescott	
	Devine (2)	
	Pauline Street	4
North Randolph	McElwin	1
Rockland	McKinley	1
Raynham	North	
	Pre-school	2
South Easton	Easton Furnace	1
Stoughton	Adams	1
Walpole	Bird	1
	Total	23

Pre-School Referrals

Four of the above twenty-three cases were pre-school children, three of which were referred by the school nurse, one, by a superintendent, for problems of finger-sucking, emotional upset, and habit training, and ambidexterity. The age-range of these referrals extended from a chronological age of three years and eleven months to four years and ten months, intelligence quotient varying from one which indicated retardation to superior ability. The two pre-school cases referred by the Brockton Superintendent were problems centering around the question of admission to school of two children chronologically five years and eight months and five years and nine

months, both children having average intellectual capacity.

In other statistical information the writer has not considered these six pre-school referrals.

Sex

The study group of 102 cases was composed of seventy-five boys and twenty-seven girls. The pre-school group consisted of four boys and two girls. Boys represented, then, 73.5 % of the cases referred by the schools, and girls, 26.4 % of the cases referred, the ratio of boys to girls being approximately three to one.

Age

The age of cases studied ranged from six years and no months to fifteen years and ten months, the median age, being 9.5 years. Table III shows the distribution of ages by intervals of one year. It may be noted that the majority of referrals lie in the years eight through ten. The proportion of boys seems to be in keeping with the above mentioned ratio in all age groups, with the exception of the thirteen year and upward groups. In the thirteen and fourteen year old grouping the boys only have been referred, while in the fifteen year old group where four boys have been referred, only one girl has been referred.

Although the latency period of childhood is considered a relatively quiescent one, it is during this school period that "we commonly see more children with neurotic manifestations . . ."[1] This seems to be borne out to a considerable extent by the above statistics; however, one may note a slight increase in the adolescent grouping. "The child who seems to have made a solution in the latent period may find that the new upsurging of the

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[1] English and Pearson, op. cit., p. 163.

sexual life in adolescence proves that his adjustment was a pretense and not a reality."[2] This may be true in the present study.

TABLE III

CLASSIFICATION ACCORDING TO CHRONOLOGICAL AGE AT TIME OF REFERRAL

	Number		
Age	Boys	Girls	Total
6.0 - 6.9	7	3	10
7.0 - 7.9	8	3	11
8.0 - 8.9	12	5	17
9.0 - 9.9	21	7	28
10.0 - 10.9	8	4	12
11.0 - 11.9	1	2	3
12.0 - 12.9	6	2	8
13.0 - 13.9	5	0	5
14.0 - 14.9	3	0	3
15.0 - 15.9	4	1	5
Totals	75	27	102

Grade Placements

Assuming, in general, that children between the ages of six and seven are in Grade I, between seven and eight in Grade II, and so forth, it would follow that a grade placement of 3.77, the median of the grade placements of school referrals, would agree with the median age of 9.5, at which age the child is thought of as being in the fourth grade. As one would expect the median age to be approximately in the 8 - 8.9 grouping to correspond with the grade placement of 3.77, the above variance is an indication of a number of children having repeated at least one grade. The following table portrays the number of children found in each grade.

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[2] *Ibid.*, p. 292.

TABLE IV

GRADE PLACEMENTS OF SCHOOL REFERRALS

Grade Placements	Number
I	16
II	11
III	31
IV	14
V	11
VI	7
VII	5
VIII	2
IX	5
Total	102

Table V analyzes further the relations existing between the age of the child referred and his grade placement. This Table may indicate the number of underplacements and overplacements in a few instances in each of the grade placements in relation to the age grouping within that grade.

TABLE V

AGE AND GRADE PLACEMENT OF SCHOOL REFERRALS

Expected Grade	Age	Grade I	Grade II	Grade III	Grade IV	Grade V	Grade VI	Grade VII	Grade VIII	Grade IX
I	6.0 - 6.9	10								
II	7.0 - 7.9	6	3	2						
III	8.0 - 8.9		5	10	2					
IV	9.0 - 9.9			17	8	3				
V	10.0 - 10.9		1	2	3	5	1			
VI	11.0 - 11.9				1	2				
VII	12.0 - 12.9				1	2	3	2		
VIII	13.0 - 13.9						2	1	1	1
IX	14.0 - 14.9								1	2
X	15.0 - 15.9						1	2		2
	Totals	16	11	31	14	11	7	5	2	5

Evaluation of problems referred by the schools

When a teacher refers a case to the clinic, she describes symptomatically rather than diagnostically the problem as she observes it in the classroom. It may be said that practically all problems referred from the schools have direct bearing on the school adjustment of the child and that "poor school adjustment" may be used as a general categorical classification. However, this category has been broken down further into (1) special class study, (2) speech therapy, (3) poor school work and adjustment, (4) diagnostic service, and (5) pre-school problems. Many of the problems are combinations of several symptoms - reading disability and fears, lying and poor school work, daydreaming and lack of concentration and reticent behavior. Some of the problems are described, to give only a few, as untidiness, erratic motions, chews pencils, crayons and paper, withdrawn behavior, truancy, stealing, lying, bizarre behavior, temper-tantrums, nervousness, nerves, unbalanced, discontent, and so on. Statistically speaking, it is difficult to classify these problems as the nature of the symptoms and lack of psychiatric diagnoses in the referral, itself, do not lend themselves, generally, to tabulation methods. The problems displayed by pupils in the classroom are not simple problems, but rather complex ones.[3] As Doctor George S. Stevenson states in an article:

> "The problem is in fact an interplay between a pupil, a home, a teacher, a school administration, school traditions, laws, general economic situation and so forth and so on . . ."[4]

The following table portrays again that the neuroses of children is manifested to a great extent in the adjustment of the child in the school

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[3] Mrs. Franklyn C. Hochreiter, "The Family Agency, the School, and the Child", The Family, January, 1943, pp. 344-348.

[4] George S. Stevenson, "Mental Hygiene Problems of Youth Today," Mental Hygiene, October, 1941, pp. 540-550.

situation through a "poor school adjustment", and thus, the necessity for securing treatment at as early a stage as possible in order to prevent further "poor school adjustments", duplication of monies spent on the education of the city's children, and of even greater importance, to prevent the neuroses of adulthood.

TABLE VI

CLASSIFICATION OF PROBLEMS REFERRED BY THE SCHOOLS

Problem Category		Number
Special Class Study		27
Speech Therapy		32
Poor School Adjustment		41
a. reading disability	6	
b. poor school work	15	
c. disturbing school behavior	10	
d. less disturbing behavior	10	
Diagnostic service		2
Pre-school problems		6
a. admission to school	2	
b. finger-sucking	1	
c. emotional upsets	3	
Total		108

Thirty-two of the cases were referred for speech therapy. In an interview with the Educational Consultant it was pointed out that during the year of 1945 many of the speech cases were brought into the clinic fold by the speech therapist, having been passed on from the Educational Consultant to the social worker, but the social worker, being unable to schedule the case for an intake interview until some later date, the case already receiving speech therapy. This number has been greatly reduced since a new policy of referral has been initiated in regard to the speech cases. At the present time the Educational Consultant directly refers all speech cases to the speech therapist, who, in turn, sees the child in his school, and then

situation through a "poor school adjustment", and thus, the necessity for securing treatment at as early a stage as possible in order to prevent further "poor school adjustments", duplication of monies spent on the education of the city's children, and of even greater importance, to prevent the neuroses of adulthood.

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CLASSIFICATION OF PROBLEMS REFERRED BY THE SCHOOLS

Problem Category		Number
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Speech Therapy		32
Poor School Adjustment		41
a. reading disability	6	
b. poor school work	15	
c. disturbing school behavior	10	
d. less disturbing behavior	10	
Diagnostic service		2
Pre-school problems		6
a. admission to school	2	
b. finger-sucking	1	
c. emotional upsets	3	
Total		118

Thirty-two of the cases were referred for speech therapy. In an interview with the Educational Consultant it was pointed out that during the year of 1948 many of the speech cases were brought into the clinic fold by the speech therapist, having been passed on from the Educational Consultant to the social worker, but the social worker, being unable to schedule the case for an intake interview until some later date, the case already receiving speech therapy. This manner has been greatly reduced since a new policy of referral has been initiated in regard to the speech cases. At the present time the Educational Consultant directly refers all speech cases to the speech therapist, who, in turn, sees the child in his school, and then

determines whether or not the case should be referred to the clinic for additional service; the speech therapist may make a direct referral to the clinic if she finds the case is in need of the clinic service.

It is natural that a large per cent of the cases referred by the schools would be for special study for eligibility as a candidate for the Special Class for Gifted Children. Many of the third grade teachers over the city of Brockton refer their brightest students for this study as the usual time of entrance into the Special Class for Gifted Children is from the third to the fourth grade.

Intelligence

The statistics in relation to the intelligence quotient of the school children referred serve to bear out the general policy of service only to the child of normal intelligence. At times diagnostic service is given to the feeble-minded child, the child whose intelligent quotient is below the seventy-point level. However, it is usual that this child is referred to the Wrentham Traveling Clinic. In the one case referred to the clinic in 1945 of a child with an Intelligence Quotient of 58, it was found that this child had a chronological age of ten years and eleven months and had a school placement of Grade II, having repeated Grades I and II a total of five times. This child was referred to the clinic by a school nurse from a near-by town. Such a case does not benefit from the screening process of the Educational Consultant. Therefore, it is obvious that occasionally a child with a lower Intelligence Quotient than the clinic accepts may be referred and accepted for diagnostic service, at least.

Median Intelligence Quotient is somewhat higher than the average, being 104.5. The following table shows the Intelligence Quotients of those children referred to the clinic by the schools in 1945.

TABLE VII

CLASSIFICATION OF SCHOOL REFERRALS ACCORDING TO INTELLIGENCE QUOTIENTS*

Intelligence Quotient Ratings	Number
58	1
70 - 79	9
80 - 89	12
90 - 99	23
100 - 109	13
110 - 119	11
120 - 129	14
130 - 139	8
140 - 149	3
150 - 159	2
161	1
undetermined	5
Total	102

* These Intelligence Quotient ratings were secured from both the Stanford-Binet and the Wechsler-Bellevue tests.

CHAPTER V

CHARACTERISTICS OF TWENTY-FIVE CASES REFERRED BY BROCKTON SCHOOLS TO THE CLINIC - 1945

Having obtained an over-all picture of the study group of 102 cases in regard to age, grade placement, intelligence quotient, sex, and problems referred as well as the schools and townships represented, the writer sought to vivify this picture through a more intensive and detailed study of a sampling of twenty-five cases representative of this group. To secure a representative sampling the 102 school cases for the entire year of 1945 were arranged numerically (as listed in the agency registry) according to grade placement category. As one-fourth of this total was thought to be adequate in size, each fourth case from this grouping was selected to be included in the sampling. The sample collected seemed representative in every respect, _i.e._, the relation to the total number was in keeping with the findings evidenced in the preceding chapter.

Of the group of twenty-five cases we find charted below in Table VIII the following problems, which seem to be representative of the whole group of cases studied.

TABLE VIII

CLASSIFICATION OF PROBLEMS REFERRED TO THE CLINIC BY THE SCHOOLS ON TWENTY-FIVE CASES

Study for Special Class	7
Speech therapy	9
Behavior Problems	3
a. truancy	
b. home maladjustment	
c. behavior problem	
Poor school work and adjustment	6
Total	25

We find that of the group of twenty-five cases nine of these remain active. The twenty-five cases were active for a total of 233 months, or a mean average of 9.3 months each.

Sex

Of this number there were eighteen boys and seven girls studied.

Age

Median age of the group studied is 9.5 years. The following chart shows the distribution of the group by age.

TABLE IX

AGES AT REFERRAL OF TWENTY-FIVE CHILDREN REFERRED TO THE CLINIC BY THE SCHOOLS IN 1945

Age	Number
6.0 - 6.9	3
7.0 - 7.9	2
8.0 - 8.9	5
9.0 - 9.9	6
10.0 - 10.9	4
11.0 - 11.9	0
12.0 - 12.9	2
13.0 - 13.9	0
14.0 - 14.9	1
15.0 - 15.9	2
Total	25

Intelligence Quotient

Median intelligence quotient of the group studied is 104. The following chart shows the distribution by intelligence quotient.

TABLE X

INTELLIGENCE QUOTIENTS OF TWENTY-FIVE CHILDREN REFERRED TO THE CLINIC BY THE SCHOOLS IN 1945

Intelligence Quotient	Number
75 - 79	1
80 - 84	3
85 - 89	2
90 - 94	1
95 - 99	4
100 - 104	2
105 - 109	2
110 - 114	2
115 - 119	1
120 - 124	1
125 - 129	1
130 - 134	1
135 - 139	0
140 - 144	1
145 - 149	0
150 - 154	2
undetermined	1
Total	25

Grade Placement

Median grade placement is 3.9. The following table shows the distribution of the group by grade placement.

TABLE XI

GRADE PLACEMENTS OF TWENTY-FIVE CHILDREN REFERRED TO THE CLINIC BY THE SCHOOLS IN 1945

Grade	Number
I	4
II	3
III	7
IV	4
V	2
VI	2
VII	1
VIII	1
IX	1

Schools Represented

The schools represented are tabled below.

TABLE XII

SCHOOLS REPRESENTED OF TWENTY-FIVE CHILDREN REFERRED TO THE CLINIC BY THE SCHOOLS IN 1945

North District	Number	South District	Number
Winthrop	2	Huntington	3
Perkins	1	Copeland	2
Ashland	1	James Edgar	1
Total	4	Total	6
East District		**West District**	
Paine	1	Whitman	4
Sprague	1	Lincoln	1
Shaw	1	Ellis Brett	3
		Forest Avenue	1
Total	3	Total	9

Out-of-town schools represented

The following townships and schools were represented in this study group.

TABLE XIII

TOWNSHIPS AND SCHOOLS REPRESENTED BY TWENTY-FIVE CHILDREN REFERRED TO THE CLINIC IN 1945

Town	School	Number
Randolph	Prescott	1
South Easton	Easton Furnace	1
Walpole	Bird	1
	Total	3

Reason for Referral and Intelligence Quotient

In those seven cases referred to the clinic for special study for eligibility as a candidate to the Special Class for Gifted Children there is

a high correlation between the problem for which the child was referred and his intelligence quotient, 132 being the median Intelligence Quotient. The median Intelligence Quotient of 80.5 found among the children referred on account of poor school work seems to substantiate the reason for referral. A series is found when the problems and intelligence quotients (median) are compared as shown below in Table XIV. Otherwise, there seem to be no other significant factors evident.

TABLE XIV

MEDIAN INTELLIGENCE RATINGS OF GROUPS REFERRED FOR SIMILAR PROBLEMS

Problem	Median Intelligence Quotient	Number
Poor school work	80.5	6
Behavior problem	1101.0	3
Speech therapy	104.0	9
Special class study	132.0	7

Reason for Referral and Age

Correlations between reasons for referral and age are similarly more or less non-significant. As may be expected, the age group referred for study for the Special Class for Gifted Children corresponds with the eight-year-old level equivalent to a third grade placement. The age range of the speech problems is scattered from year six through twelve, and that of "poor school work" ranges from year eight through year fifteen. Behavior problems seem to be manifested in the older age grouping.

Table XV portrays the median age at referral in relationship to the problem for which the child is referred.

TABLE XV

MEDIAN AGE AT REFERRAL OF GROUPS REFERRED FOR SIMILAR PROBLEMS

Problem	Median Age	Number
Special Class Study	9.0	7
Speech	8.5	9
Poor School Work	10.5	6
Behavior Problems	14.0	3

Intelligence Quotient and Age at Referral

As indicated on the table below there seems to be no obvious correlations between the age at the time of referral and the intelligence quotient at the time of referral. It is surprising to note that these children referred for poor school work and adjustment, having intelligence quotients in the dull normal grouping are not referred until the tenth year. This, however, may not be a true correlation due to the smallness of the sampling, although it is felt that these twenty-five cases studied are a fairly representative sampling of the whole. It may hold true that teachers are reluctant to refer a child who is doing poor academic work as she might feel the referral would be a reflection on her ability to teach, or she may, on the other hand, be totally unaware of the relation between emotional disturbances, low intelligence quotientss, and poor school work and adjustments.

It might be suggested that one would expect the median age of the children referred for speech difficulties to be lower as these children present obvious problems which are in most cases evident from the first grade on.

The correlations between the age and the intelligence quotient in the special study grouping seem to be for the most part in keeping with the actual, expected age at which a child may enter the fourth grade, the first

grade having a Special Class for Gifted Children.

As the adolescent finds new school and social adjustments to be made in his Junior High and High School days, he increasingly loses control of some of his inhibitions and repressions, acting out many of his conflicts through aggressive behavior, through stealing, truancy, lying, and so on. This seems to be borne out below in Table XVI.

TABLE XVI

MEDIAN INTELLIGENCE RATINGS AND MEDIAN AGES AT REFERRAL OF TWENTY-FIVE CHILDREN REFERRED FOR SIMILAR PROBLEMS

Problem	Median I.Q.	Median Age	Number
Special Class Study	132.0	9.0	7
Speech	104.0	8.5	9
Behavior Problem	101.0	14.0	3
Poor School Work	80.5	10.5	6

Sex and Reason for Referral

Of the twenty-five cases sampled only seven were girls as compared with eighteen boys. Five of the girls were referred for special study for eligibility for the Special Class for Gifted Children, while only one girl was referred for speech therapy, and one for "poor home and school behavior". Seemingly, the more obvious and aggressive symptoms found among the boys, rather than the girls who tend to be quieter and more passive because of their sex and the mores still surrounding the female sex, are noticed by the teacher and referred to the clinic for help.

CHAPTER VI

BACKGROUND FACTORS IN TWENTY-FIVE CASES REFERRED BY BROCKTON SCHOOLS TO THE CLINIC - 1945

Having obtained now a picture of these twenty-five cases from the point of view of problems represented, sex, age, intelligence quotients, grade placements, schools represented and the various correlations between these items, it will be well to examine more closely the background of these children.

Siblings

We find on investigation that the number of siblings in each child's family ranges fron none to as high as eight, the median number, being 2.8. It is interesting that the ratio of male siblings to female siblings is almost two to one. It was found that the patient's attitudes toward siblings varied from three children displaying outright negative attitudes of jealousy and rejection to ten displaying fairly wholesome attitudes and relationships. In eleven cases the existing attitudes were unknown. The siblings varied in age from young adults in their twenties to infants still in the cradle.

Marital Status

It is a well-known fact that one of the sources of worry of children is the family situation. Doctors English and Pearson write:

> "We have known cases when it was impossible for the child even to sit in school because he was so disturbed by the problem as to whether when he got home from school he would find that his parents had separated and that one or the other had left permanently."[1]

In the twenty-five cases studied there were seven cases in which the father

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[1] English and Pearson, op. cit., p. 305.

was out of the home either because of divorce, separation, death, or service in the Armed Services. In each of these cases it was revealed in the case study that the father's absence was at least a contributing factor to the child's school and social adjustment. Among these seven cases we find poor school work combined with disturbing school behavior, truancy, maladjustment, disturbing home behavior. Three of these cases were referred for speech therapy.

The type of home has been classified according to the following interpretations:

Normal: a home wherein both parents were living

Broken: a home wherein parents either were separated or divorced

Compound: a home wherein were one or both natural parents in addition to other relatives

Other: those homes not falling in these categories, i.e., an adoptive or foster home

The following table describes the status of home from which these children came.

TABLE XVII

MARITAL STATUS OF THE PARENTS OF TWENTY-FIVE CHILDREN

Normal	17*
Broken	3
Compound	3
Other	2

* two fathers in Service; two fathers deceased.

Nativity of parents

The parents of these twenty-five children represented seven foreign countries, twenty-eight per cent of the children referred, having one or both parents born in a country other than the United States. Most of these parents

were naturalized citizens. Countries represented were: Syria, Armenia, Turkey, Greece, Poland, Austria, and Lithunania.

English was spoken at all times in all the homes except three; in one Syrian was spoken (a maternal grandmother spoke no English); in another home Armenian was spoken and in the third home the Greek language was spoken. However, it was only in one home that the child seemed to have language difficulty in school.

Age of parents

Ages of parents ranged from twenty-seven years to fifty-five years, the median age, being 39.

Education of parents

Again because of the inadequacy of the recording in the cases studied, it was difficult to determine the extent of education of the parents. In all except three cases the educational achievements of the parents were unknown. In these three cases, the father, in one, had had only a high school education, one a professional (business school) training, and one, college training.

Economic Status

Because a worker's own subjective judgment enters into most classifications of economic status, especially when classified, "marginal", "comfortable", "superior", etc., the economic status of the twenty-five cases studied has been classified thus in the following table:

TABLE XVIII

ECONOMIC STATUS OF PARENTS OF TWENTY-FIVE CHILDREN STUDIED

Dependent		3
Independent		20
a. Father working	17	
b. Mother working	0	
c. Both working	3	
Unknown		2

Occupations

Occupations represented are shown in Table XIX. They are indicative of the economic status shown above. Also corresponding with the paucity of the findings in regard to education, we may see the professional man and the white-collar worker being those parents with a greater degree of educationa than the majority of parents represented.

TABLE XIX

OCCUPATIONS OF PARENTS OF TWENTY-FIVE CHILDREN STUDIED

Occupation	Number
Business men	5
Professional men	1
White-collar workers	1
Skilled and semi-skilled laborers	10
Servicemen	2
Unknown	4
Deceased	2

Religion

Representation of various religious faiths is shown in Table XX.

TABLE XX

RELIGION OF PARENTS OF TWENTY-FIVE CHILDREN STUDIED

Faiths represented	Number
Catholic	9
Protestant	6
Mixed: Protestant and Catholic	4
Jewish	2
Greek Orthodox	1
Syrian Orthodox	1
No church affiliation	1
Unknown	1

Personality traits of parents

To give a picture of the personality of the parents of these children referred to the clinic an attempt has been made to classify various personality traits discovered. The validity of such a picture is to be questioned as it is difficult to obtain a degree of objectivity on the part of both the writer and the social worker writing the record. On the whole, however, it is found that the parents exhibit fairly normal mental health patterns, by which is meant they do not carry undue worries, have made an adequate adjustment in their various relationships. It is felt that the meaning of the other classifications are obvious.

TABLE XXI

PERSONALITY TRAITS OF PARENTS OF TWENTY-FIVE CHILDREN STUDIED

	Mother	Father
Mental health normal	10	10
Emotional instability	5	5
Alcoholism	0	2
Immorality	2	2
Irritability and nervousness	7	2
Unknown	3	4

CHAPTER VII

SERVICES PROVIDED BY THE BROCKTON CLINIC TO CASES REFERRED BY THE SCHOOLS IN 1945

Services fall into several categories which are discussed in detail below.

Diagnostic service rendered

Of the twenty-five cases referred for reasons other than diagnostic service it is found that diagnostic service only was given on seven of these cases. Five of these were referred for special study for eligibility as a candidate for the Special Class for Gifted Children. Three of the children did not receive an intelligence quotient rating (130 or above) high enough to meet the requirements for eligibility to the Special Class. Therefore, only diagnostic service was rendered on these three cases. Of the two remaining cases in this group, one of the children was placed on the list for entrance to the Special Class for Gifted Children, but because the parents of this child felt that transportation difficulties were too much and as no other children from this child's neighborhood were going to the Ellis Brett School where the Special Class is held, the parents preferred that the child remain with her own neighborhood friends and in a regular grade. The other child was eligible for a Special Class placement, but as there was not room for another pupil, the case was closed, only diagnostic service having been rendered.

In the case of ten-year old Jack, an adopted child of dull normal intelligence who was referred to the clinic by his fourth grade teacher account of his poor school work which, in detail, was described as "very little reading ability; spelling and written work very poor, can't do arithmetic", there were four visits to the clinic by the mother. On three of these

visits the child accompanied the mother and both consulted the psychiatrist. The mother was fearful of the child's being placed in a Special Class for Retarded Children. Because of the pressure of time, full service being given on other cases worth the investment of more intensive work, etc., it was left that the mother was to contact the clinic later. This was never done, and consequently, the case was closed, only diagnostic service having been rendered.

The last case on which only diagnostic service was rendered was the case of John, a fifteen year old, normal-appearing boy with light blonde hair, referred to the clinic in November by his school principal for chronic truancy. John was of high normal intellectual capacity, but was doing poorly in his studies. He lied protectively at school, forgot to bring books to classes, and so on.

On further investigation it was discovered that John was a most unhappy and dejected adolescent. His father had committed suicide eight years previous, following an accident. The mother, an easy-going, lenient person suffered quite a shock, feeling utterly disgraced over the father's suicide. She and her three sons went to church religiously, there growing an abnormal attachment between the mother and the youngest son, the clinic patient. At the time the case was referred to the clinic, mother and son slept together. The two older boys had left home, joining the Navy and the Coastguards; patient was left at home and soon became the mother's only emotional outlet. Patient had applied for admission to a Catholic school, but was rejected on account of his father's suicide. This was a bitter disappointment to John.

Mother and patient visited the clinic once, seeing the psychiatrist and the social worker. Although the mother did not appear to be greatly

concerned with patient's problem, she apparently did wish to have the clinic service. She seemed to be interested and cooperative and to possess a good understanding of clinic service.

However, before the second clinic visit the mother telephoned to say that she wished to withdraw from the clinic. Mother said she had been severely criticized by a relative (a nurse) who told mother that patient's coming to clinic indicated that "something was wrong with patient". It was felt by the social worker that the father's depression and resulting suicide had some bearing on the mother's withdrawal as well as the relative's opinion.

The case was closed after having remained open for one month, the problem remaining unchanged and only diagnostic service being rendered.

Herein is demonstrated the fact that even though a school may refer a case, actually there exists no authoritarian role on the part of either the school or the clinic to force the acceptance of service even though a great need for treatment is evident.

<u>Remedial Reading Service</u>

Five of the six cases receiving remedial reading help remain open to date. Two of these cases were receiving speech therapy along with the remedial reading. Insufficient recording prevents the inclusion of statistical information on one case. However, as of the last recording and the dates closed which is the same in five cases, it is found that 113 remedial reading lessons were given during a period of time ranging from eight months to seventeen months, the mean average period of time being 12.8 months. Only one child had no contact with the psychiatrist after the initial interview, and two children had four psychiatric interviews, one, six contacts, and one, fourteen contacts, giving a mean average of contacts

with the psychiatrist for each child of 5.8 interviews. The two children receiving speech therapy as well as remedial reading help received twenty-one speech lessons each. There was a total of twenty-three broken or cancelled appointments, illness being given as the chief cause for breaking or cancelling appointments. Intensive case work was offered on three cases. The following table gives some indication of the extent of activity of the social worker.

TABLE XXII

ACTIVITIES OF THE SOCIAL WORKER IN CASES RECEIVING PRIMARILY REMEDIAL READING SERVICE

Number of clinic interviews	17
Number of home visits	39
Number of school visits	11
Number of other visits	9

It is interesting to note that of these six cases receiving remedial reading service, two of this number were referred only for speech therapy (in one of these cases, the clinic felt that speech therapy was not warranted) and three for poor school work and adjustment. In none of these instances was the need for remedial reading pointed out in the referral, but rather was left for the clinic to discover.

Speech Therapy

Eight cases were carried for speech therapy. On one case recording was insufficient to obtain complete statistics. Of the remaining seven it is found that each case was carried for a mean average length of time of 10.5 months, each child receiving a mean average of 21.5 lessons. Both mother and child in one instance received speech therapy during the same length of time, the mother receiving twenty-seven lessons. One child re-

with the psychiatrist for each child of 6.8 interviews. The two children receiving speech therapy as well as remedial reading help received twenty-one speech lessons each. There was a total of twenty-three broken or cancelled appointments, illness being given as the chief cause for breaking or cancelling appointments. Intensive case work was offered in three cases. The following table gives some indication of the extent of activity of the social worker.

TABLE XXII

ACTIVITIES OF THE SOCIAL WORKER IN CASES RECEIVING PRIMARILY REMEDIAL READING SERVICE

Number of clinic interviews	17
Number of home visits	39
Number of school visits	11
Number of other visits	5

It is interesting to note that of these six cases receiving remedial reading service, two of this number were referred only for speech therapy (in one of these cases, the clinic felt that speech therapy was not warranted) and three for poor school work and adjustment. In none of these instances was the need for remedial reading pointed out in the referral, but rather was left for the clinic to discover.

Speech Therapy

Eight cases were carried for speech therapy. In one case recording was insufficient to obtain complete statistics. Of the remaining seven it is found that each case was carried for a mean average length of time of 10.5 months, each child receiving a mean average of 21.5 lessons. Both mother and child in one instance received speech therapy during the same length of time, the mother receiving twenty-seven lessons. One child re-

ceived only two lessons at the clinic, arrangements being made after the mother found it impossible to make transportation plans for the child to receive speech therapy in his school. Case work services to the mother and to the school were offered on seven of these cases. Remedial reading help was given, as mentioned above, on two of the cases receiving speech therapy.

It is difficult to interpret the meaning of broken or cancelled appointments. There was a mean average of five broken or cancelled appointments for each speech case. Illness was, again, given as the chief cause. Bad weather and difficulty in transportation ranked second. One wonders what degree of resistance is indicated in these broken or cancelled appointments, but it seems impossible to measure resistance with reliability and validity in these instances. One of the patients received speech therapy without having an initial interview with the psychiatrist, one other had one interview with the psychiatrist; one, two interviews; two, four interviews; one, five interviews; one, ten interviews. The mothers in all except one case received the same amount of psychotherapy as did the patient. Less intensive case work services were offered in this group of cases. The activities of the social worker are indicated below in Table XXIII.

TABLE XXIII

ACTIVITIES OF THE SOCIAL WORKER IN CASES RECEIVING PRIMARILY SPEECH THERAPY

Number of clinic interviews	26
Number of home visits	6
Number of school visits	10
Number of other visits	11

Psychotherapy and Social Case Work Treatment

As indicated in the cases in which either speech therapy or remedial reading was the primary service rendered, there was to a lesser extent psychotherapy and case work services offered. In the six cases studied in which neither remedial reading or speech therapy has been prescribed, the patient received psychotherapy from the psychiatrist and the mother, in most instances, received case work services from the social worker, the responsibility for treatment, therefore, being carried chiefly by the psychiatrist and the social worker. Length of treatment ranged from nine months to thirteen months; the median length of time the case remained active was 10.5 months. However, this average is not be considered an altogether accurate one as three of the cases remain open at the present time, and the writer, in computing these statistics, considered the case as being open up to the date of the last recording.

Three patients of this group had an interview with the psychiatrist twenty-one, seventeen, and fourteen times respectively, while two others had two interviews with the psychiatrist, and one, only one interview. The fathers in three of these cases participated in treatment, having had a total of five interviews with the psychiatrist. The mothers of these patients had a total of ten interviews with the psychiatrist. There seem to be fewer cancelled or broken appointments in this group of cases, the total number cancelled or broken, being only six. Only on one case was there constant evidence of resistance, the mother giving as her excuse for refusal to keep appointments, "the weather is too hot!". The six appointments broken were due to illness, and there seems to have been a reality situation in each of these instances.

The following table describes statistically the activities of the social worker in this group of cases.

TABLE XXIV

ACTIVITIES OF THE SOCIAL WORKER IN CASES RECEIVING PRIMARILY PSYCHOTHERAPY AND SOCIAL CASE WORK TREATMENT

Number of clinic interviews	21
Number of home visits	19
Number of school visits	19
Number of other visits	18

Treatment Results

Five cases for Special Class study were given only diagnostic service, implying that no treatment was begun. However, on the remaining two cases closed with the notation of diagnostic service being rendered, it may be said that in one instance the problem "remained unchanged" as the mother withdrew from clinic treatment, and in the other instance, the case was closed partly because of the pressure of time and the lack of contact with the client, the condition on closing was "unknown".

Four cases were closed "improved"; two, "much improved"; one, "slightly improved"; and one, "unimproved". Because of insufficient recording, the condition on closing of one case was unknown. These were chiefly the findings in the closings of the social service records, although the closing remarks of the psychiatric report was used whenever possible.

CHAPTER VIII

SUMMARY AND CONCLUSION

The primary purpose of this study, as set forth in the introductory chapter, has been to examine the nature of the relationship between the Brockton Child Guidance Clinic and the schools of Brockton and the surrounding areas. This study has taken into account a number of factors significant in the school referrals to the Brockton clinic.

One of the outstanding needs evidenced from this study is that of interpretation - not so much, perhaps, in the area of community education and acceptance of mental hygiene principles, but in the area of the school and the individual teacher and their acceptance of mental hygiene. This is indicated by the relatively small proportion of referrals from the schools in relation to the total school population as well as by the relative distribution of referrals from the Brockton schools, especially.

The study revealed exceedingly few out and out withdrawals from the clinic service once the school had referred the case, although we do see lip-service being given by a comparatively large number (five of the twenty-five cases sampled) of clients who promise cooperation, yet are unconsciously resistive of psychiatric service. It may be concluded that there is a need for the schools to do even a more careful job of referring clients who will and can accept wholeheartedly psychiatric service for their child in order to utilize more fully the valuable time of the professional person on the clinic staff.

It is the school, usually, the principal, but often times the teacher, herself, who contacts the parents of the child to be referred. It is essential that the parents be given some interpretation of the clinic ser-

vice at this point, and often times this initial interpretation requires real case work skill. Dependent on the teacher or principal's skill in explaining clinic service, the possibilities of help at the clinic with the child's problem is the extent and sincerity of the client's acceptance of the clinic and its service. Therefore, it is important that this initial contact be made by a person skilled in understanding parents and children's problems from the educational point of view as well as from the mental hygiene point of view. It might be suggested that all initial contacts by the school with the parents be made by more skilled teachers and principals, this, in turn, being accomplished only through more interpretation of the subtleties of making an initial contact with parents to individual school personnel by the School Department administration and the clinic staff.

In the early years of the existence of the Brockton Child Guidance Clinic teachers and principals attended staff meetings, acquiring a knowledge and understanding of the clinic service, function, and principles of treatment. However, since that time there has been little concerted program of education of the school personnel in mental hygiene principles and clinic service. Mention is made of the coordinated service of clinic and schools in the Superintendent's Fall address to the Brockton teachers. The services of the clinic are noted in the Spring pre-school conferences, the Annual Report of the School Department and the annual pamphlet for parents, "Getting Ready for School". It might be suggested that the efforts of the Educational Consultant expended this winter toward the informing of school personnel through "Directions to Teachers for Referring Pupils for Individual Case Study" be expanded further.

There is indicated from the study a need for more interpretation and an understanding of child guidance on the part of the school personnel in

the North and East School Districts, specifically, as it is found that these districts are referring comparably few cases. It is probable that more problems exist in these districts than noted, the evidence from this study indicating there is either a lack of knowledge of what problems may be referred, an unawareness of existing maladjustments among the school children, or an unbelief in child guidance and mental hygiene principles.

The study of reasons for which children were referred to the clinic has indicated that a very large proportion of the referrals made were for the more obvious symptoms which could not have escaped the notice of the teacher. Few referrals were made for problems which are usually less obvious, which means that there are probably many children in need of psychiatric service, but are overlooked as their problem is of a more introvertive nature. This is borne out partially by the fact that more boys who, on the whole, are the more aggressive sex are referred by the schools to the clinic than are girls.

Poor school work as a symptom of some emotional maladjustment does not seem to be recognized as early as it might be possible to notice such a problem. A high number of grades repeated may indicate the need for a more thorough study by both the teacher and the principal of the pupil being retained in a grade. It is needless to say that the repetition of a grade by a child carries with it numerous social and academic adjustments, which, in turn, often add to a child's sense of failure, inferiority, or frustration.

In many cases of poor school adjustment, especially those centered in a reading disability, an earlier discovery of the problems involved might be effected through the regular and consistent use of a reading specialist within the school system. The services of a reading specialist might be

used similarly to that of the speech therapist who gives her service directly to the schools.

Testing within the school system, itself, does propose to single out these individual academic problems. However, the real responsibility for the discovery of these problems lies not with the Educational Consultant responsible for the testing program, the district principal responsible for the interpretation of the clinic to the teacher, or the building principal, but rather with the individual classroom teacher who lives with the child during the school day. It is a part of the clinic's job as well as the schools' to acquaint these individual teachers with symptoms of maladjustment among school children and to help them see the importance of referring these children to a source specializing in the handling and treatment of such symptoms.

It is evident that an increasing awareness of the services available to teachers at the Child Guidance Clinic would result in even heavier case loads carried by all members of the clinic staff. Expansion both in the area of personnel and office space would be necessary. There is a need, again, for the occupational therapy program to be revived, but the lack of office space chiefly prevents this course of action.

The School Department of Brockton and the school personnel of the surrounding towns are to be commended for their sincere interest in meeting the needs of their school children through the use of the Child Guidance Clinic and for their willingness to incorporate mental hygiene principles in their thinking in regard to the school child and his problems. The fact that the School Department has established many special services for their school children, the Class for Gifted Children among these, justifies the commendation and indicates the progressive spirit of the School Depart-

ment, especially in relation to the child guidance movement.

In correspondence to the Director of the Brockton Child Guidance Clinic in a recent year, the Educational Consultant of the School Department writes:

> "If all school systems were equipped with as fine a set-up as we have here for understanding and helping children, I am sure that childrens' happiness and school adjustment would be increasingly better throughout the country. Not only from the clinic point of view does your work show results, but in the excellent mental hygiene that reaches the parents and teachers of these children."

In view of the above expression of gratitude of the School Department for the clinic service, it may be said, in summary, that this gratitude might be warranted even to a greater degree if it were possible to give more of an understanding of mental hygiene and the Brockton Child Guidance Clinic, specifically, to the Brockton school personnel. Areas in which a need for an interpretative program is indicated from this study are enumerated below:

(1) An interpretative program directed to the North and East School Districts, specifically, would serve to heighten the awareness of maladjustments among school children in these districts.

(2) An expanded interpretative program would serve to meet the need of the development of skills of school personnel in the making of initial contacts with parents.

(3) An interpretative program would serve to distribute to all school personnel information regarding the clinic service and function.

(4) An interpretative program would serve to distribute information regarding the types of symptoms of maladjustment of school children, for which school personnel should be on guard.

(5) An interpretative program might point up the need for earlier referrals to the clinic in cases involving poor school adjustment.

Approved

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APPENDIX

SCHEDULE

Case Number ____________ Date of Intake ____________
Case Name ____________ Date Closed ____________
Sex ____________
Birthdate ____________ Birthplace ________ Age ______

Problem as referred:

School making referral District ____________
School grade at referral________ Age on entering school ______
Grades repeated ____________ Reason ____________
Other schools attended________ Grade ____________

Academic record: excellent or superior ____________
good ____________
average ____________
poor-failing ____________

Intelligence Quotient, if test is given by school ________
Test given ____________

Duration of school problem:

Efforts at correction:

Attitude of teacher toward problem:

Reading disability pointed out: by school ______ by clinic ________
tutoring ______

Service rendered on case ________

Family Background

Father: Birthdate ________ Age ________ Birthplace ____________
Education ________ Occupation ____________
Personality traits:

Mother: Birthdate ________ Age ________ Birthplace ____________
Education ________ Occupation ____________
Personality traits:

Siblings: Birthdate ________ Sex ________ School Grade ________
Personality traits:

Others in home:

Influence of others:

Religion: Father ____________ Mother ____________ Siblings ____________

Language spoken in home:

Family status: Both parents in home ______________________________
One parent dead, children with mother _______ father _____
Separated, divorced, children with mother ___ father _____
Mother and step-father ______________________________
Father and step-mother ______________________________
Grandparents in home ______________________________

Neighborhood:

Economic status:

Problem as seen by the family:

Duration:

Method of coping with the problem:

Discipline in the home:

Parent's attitude toward school:
Parent's attitude toward referral:
Parent's attitude toward clinic:

Clinic Contact and Treatment

	Mother	Father	Patient
Number of visits to clinic			
Clinic interviews with psychiatrist			
Clinic interviews with social worker			
Number of cancelled appointments			
Number of remedial reading lessons			
Number of speech lessons			
Number of visits to the home			
Number of visits to the school			
Number of visits to other sources			

Reason for cancelled appointments:

Psychological examination:
Result of psychological test: MA ____________ CA ___________ I.Q. ___
Prognosis ______________________________
Result of other tests given ______________________________

Progress:

Summary of case:

Social Service Index:

Remarks: